IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

* BKRTCY. NO. 13-08480 MCF

NEREIDA CORIANO ALVELO * CHAPTER 13

DEBTOR *

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" and "J"
TO THE HONORABLE COURT:

COMES NOW, NEREIDA CORIANO ALVELO, the debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- 1. The debtor is hereby submitting **Amended Schedules "I" and "J"**, dated March 17, 2014, herewith and attached to this motion.
- 2. This amendment to Schedule "I" is filed to include the correct debtor's monthly average gross and net income and Schedule "J" is filed to include debtor's actual expenses.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

Page -2-Notice of Amended Schedules "I" & "J" Case no. 13-08480 MCF13

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 17th day of March, 2014.

/s/Roberto Figueroa Carrasquillo ROBERTO FIGUEROA CARRASQUILLO USDC #203614 ATTORNEY FOR PETITIONER PO BOX 186 CAGUAS PR 00726 TEL NO 787-744-7699 FAX 787-746-5294 Email: rfigueroa@rfclawpr.com

Fill in this information to identify	y your case:			
Debtor 1 NEREIDA CORIA	NO ALVELO			
First Name Debtor 2	Middle Name	Last Name		
(Spouse, I filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:	District of Puerto Rico			
Case number 3:13-bk-8480			Check if	this is:
				nended filing
			☐ A sup	plement showing post-petition er 13 income as of the following date:
Official Form 6l				OD / YYYY
Schedule I: You	ır Income			12/13
	use is not filing with you e top of any additional p	i iling jointly, and j	our spouse is living with y	or 2), both are equally responsible for you, include information about your spoususe. If more space is needed, attach a known). Answer every question.
Fill in your employment		全国的人会社会和		AND THE PROPERTY AS A STOCKED WAS AS A SHOULD SHOW AS A SHOW AS A SHOULD SHOULD SHOW AS A SHOULD SHOULD SHOW AS A SHOULD SHOULD SHOULD SHOULD SHOULD SHOW AS A SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOW AS A SHOULD SHO
information.		Debtor 1	33线 用。从400mm	Debtor 2 or non-filling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	⊠ Employed □ Not emplo		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		.070_0 :	,	_ Not employed
Occupation may Include student or homemaker, if it applies.	Occupation	Ward Clerk		-
	Employer's name	<u>Managemen</u>	t Consultant Computer	
	Employer's address	PO Box 1196 Number Street		Number Street
		San Juan, PR	8 00922-1967 State ZIP Code	City State ZIP Code
	How long employed the	ere? <u>10 years</u>	_	
Part 24 Give Details About	Monthly Income			
Estimate monthly income as of	the date you file this for	m. If you have noth	ning to report for any line, wri	ite \$0 in the space. Include your non-filing
spouse unless you are separated. If you or your non-filing spouse ha below. If you need more space, at	ve more than one employ	er, combine the inf		27 (29)
			For Debtor 1	For Debtor 2 or non-filling spouse
List monthly gross wages, sala deductions). If not paid monthly, or	ry, and commissions (be calculate what the monthly	efore all payroll y wage would be.	2. \$_1,298.79	\$
3. Estimate and list monthly overt	ime pay.		3. + \$ 5.30	+ \$
4. Calculate gross income. Add lin	ie 2 + line 3.		4. \$ <u>1,304.09</u>	\$

Official Form 6

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Debtor 1

NEREIDA CORIANO ALVELO

Case number (#known) 3:13-bk-8480

	A. 1995 F		Section 1		
		FOR	Debtor 1	For Debtor 2 or non-filling spouse	
Copy line 4 here	→ 4.	\$	1,304.09	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	. \$	92.62	\$	
5b. Mandatory contributions for retirement plans	5b.	· -	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	107	0.00	\$ \$	
5d. Required repayments of retirement fund loans	5d.	2002	0.00	\$	
5e. Insurance	5e.	\$	21.67	\$	
5f. Domestic support obligations	5f.	\$	0.00	\$	
5g. Union dues	5g.	\$	0.00	\$	
5h. Other deductions Specify: See Schedule Attached	_ 5h.		2.46	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5	5h. 6.	\$	116.73	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,187.36	\$	
8. List all other income regularly received:					
 Net income from rental property and from operating a business, profession, or farm 					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
 Family support payments that you, a non-filing spouse, or a depen regularly receive 	dent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$	
8e. Social Security	8e.	\$	0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ance 8f.	\$	0.00	\$	
8g. Pension or retirement income	- 88803	700	1-1201 (2018)		
1974 - 1975 - 19	8g.	\$	0.00	\$	
8h. Other monthly income. Specify: Christmas Bonus \$600/12	_ 8h.	+\$	50.00	_+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	50.00	\$	
 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 	10.	\$ <u>1</u>	<u>,237.36</u>	+ \$= \$1,2	37.36
1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
Do not include any amounts already included in lines 2-10 or amounts that are Specify:	e not ava	ailable to	pay expens	A181 - 6409049	0.00
 Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Column 11. 	e result i Certain L	is the cor Liabilities	mbined mon and Related	thly income	36
13. Do you expect an increase or decrease within the year after you file this 13. No.	form?			monthly in	come
Yes. Explain: None			101		

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IN RE CORIANO ALVELO, NEREIDA	Case No. 3:13-bk-8480	
Dcbtor(s)	Case 140. <u>0.10-04-0400</u>	
AMENDED SCHEDULE I - CURRENT INC Continuation Sheet	COME OF INDIVIDUAL DEBTOR(S) - Page 1 of 1	
Other Payroll Deductions:	DEBTOR SPO	OUSE
Disability Seg Inc Seg I Seg Inc Obligatorio	0.30 1.84 0.14 0.18	

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Fill	in this information to identify	your case:				
Debt (Spot	First Name lor 2 use, if filing) First Name ed States Bankruptcy Court for the: a number 3:13-bk-8480 cial Form 6J hedule J: You complete and accurate as ponation. If more space is need own). Answer every question.	Middle Name Last Name Last Name Last Name Last Name District of Puerto Rico Comparison of Puerto Rico Comparison of Puert	expens MM / Di A sepa mainta	ended elemen ses as D / YYY rate fili ins a s	t showing of the follo y ng for De eparate he	12/13
Part	Describe Your Hounis a joint case?	sehold				
Ø	No. Go to line 2. Yes. Does Debtor 2 live in a s No. Yes. Does Debtor 2 must file	<i>x</i>				
Do	you have dependents? not list Debtor 1 and tor 2.	No Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2		De penden ag e	Does dependent live with you?
Do r	not state the dependents' nes.		Daughter	- ,	5	No Yes
expe	our expenses include enses of people other than rself and your dependents?	☑ No □ Yes				
Part 2	3	5				
expens applica Include	ses as of a date after the bank able date. e expenses paid for with non-	bankruptcy filing date unless you ar kruptcy is filed. If this is a suppleme cash government assistance if you	ntal Schedule J, check the box know the value of	nentin atthe	top of the	form and fill in the
4. The		it on Schedule I: Your Income (Offic openses for your residence. Include		4,	\$_	350.00
lf n	ot included in line 4:					
4a.	Real estate taxes	TO A STORE AND ADDRESS AND ADDRESS OF THE STORE AND ADDRESS OF THE STOR		4a.	\$	0.00
4b.	Property, homeowner's, or re			4b.	\$	0.00
4¢.	Home maintenance, repair, a	BANDON AND TO THE CONTROL OF THE CON		4c.	\$	0.00
4d.	Homeowner's association or o	condominium dues		44	S	0.00

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Debtor 1

NEREIDA CORIANO ALVELO First Name Middle Name Last Name

Case number (#known) 3:13-bk-8480

5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: 5a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, internet, satellito, and cable services 6c. One of the Specify Cellular 6c. Telephone, cell phone, internet, satellito, and cable services 6c. Other. Specify Cellular 7. Food and housekeeping supplies 7. \$ 193.02 8. Childcare and children's education costs 8. \$ 0.00 9. \$ 50.00 9. \$ 50.00 10. Personal care products and services 10. \$ 0.00 11. Service and children's education costs 11. \$ 4.00 12. Transportation, include gas, maintenance, bus or train fare. 12. Transportation, include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 40.00 14. Charitable contributions and religious donations 15. Insurance. 16. One include insurance deducted from your pay or included in lines 4 or 20. 15s. Life insurance 15s. Vehicle insurance 15s. Other insurance, Specify. 15s. Specify. 15r. Installment or lease payments: 17s. Car payments for Vehicle 1 17s. Car payments for Vehicle 2 17c. Other. Specify. 15s. Other insurance, and support that you did not report as deducted from your pay on line 5, Schedule 1 vour income (Official Form 6l). 15s. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1 vour income (Official Form 6l).				Yo	ur expenses
S. Utilities: Each Electricity, heat, natural gas	١.	Additional			
8s. Electricity, heat, natural gas 8s. Water, sewer, garbage collection 6s. Telephone, cell phone, internet, satellite, and cable services 6s. Ober, Speathy, Cell ultar 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. \$0.00 8. Childcare and children's education costs 8. \$0.00 9. Colothing, laundry, and dry cleaning 9. \$50.00 10. \$0.00 11. Medical and dental expenses 11. \$4.00 12. Transportation, include gas, maintenance, bus or train fare. 12. Transportation, leckled gas, maintenance, bus or train fare. 13. Entertailment, clubs, recreation, newspapers, magazines, and books 14. \$0.00 15. Insurance. 16. Charitable contributions and religious donations 17. Leckled insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance 18. \$0.00 18. \$0.00 19. Charitable contributions and religious donations 19. Carpayments for Vehicle 1 19. Carpayments gas educted from your pay or included in lines 4 or 20. 19. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. Specify. 19. Tother, Specify. 10. Tother, Specify. 11. Installment or lease payments: 11. Carpayments for Vehicle 2 11. Carpayments for Vehicle 2 11. Other, Specify. 12. Other, Specify. 13. Other, Specify. 14. \$0.00 15. Outpayments of alimony, maintenance, and support that you did not report as deducted from your pay or included in lines 4 or 20. Specify. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20. Maintenance, repair, and upkeep expenses 20. Property, homeowner's, or renter's insurance 20. Do. Online and property are property 20. Belastate taxes 20. Property, homeowner's, or renter's insurance 20. Belastate taxes 20. 0.00 20. Maintenance, repair, and upkeep expenses			5.	\$	0.00
6. Water, sawer, garbage collection 6. Vater, sawer, garbage collection 6. Telephone, cell phone, Internet, satellite, and cable services 6. Other. Specify. Cellular 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. \$0.00 8. Childcare and children's education costs 8. \$0.00 9. Spood and housekeeping supplies 9. \$5.0.00 10. Personal care products and services 10. \$0.00 11. Medical and dental expenses 11. \$4.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$0.00 13. Eintertainment, clubs, recreation, newspapers, magazines, and books 13. \$40.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Specify. 15c. Cher insurance, Specify. 15d. Other insurance, Specify. 15d. Other insurance, Specify. 15d. Other insurance, Specify. 15d. Car payments for Vehicle 1 17d. \$0.00 17d. Other. Specify. 17d. Oth	6				
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6d. Other. Specify: Cellular 6d. \$ 60.00 7. Food and housekeeping supplies 7. \$ 193.02 8. Childraer and children's education costs 8. \$ 0.00 9. \$ 50.00 10. Personal care products and services 11. \$ 4.00 12. Transportation. Include gas, maintenance, bus or train fore. 12. Do not include care payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. \$ 0.00 15. Insurance. 16. Charitable contributions and religious donations 17. Do not include insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance 18. \$ 0.00 18. Other insurance. 19. \$ 0.00 19			6b.	\$	0.00
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10. Personal care products and services	8	Childcare and children's education costs	8.	\$	0.00
11. Medical and dental expenses	9	Clothing, laundry, and dry cleaning	9.	\$	50.00
12 Transportation. Include gas, maintenance, bus or train fare.	10.	Personal care products and services	10.	\$	0.00
Do not include car payments. 12. \$ 0.00	11.	Medical and dental expenses	11.	\$	4.00
13. Entertalment, clubs, recreation, newspapers, magazines, and books 13. \$ 40.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. S 0.00 15d. S 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6i). 18. Your payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. S 0.00 20c. Property, Immeowner's, or renter's insurance 20c. S 0.00 20c. Maintenance, repair, and upkeep expenses 20d. S 0.00 20d. Maintenance, repair, and upkeep expenses	12.	Transportation. Include gas, maintenance, bus or train fare.		11:20	0.00
14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6). 18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6). 19. Other payments you make to support others who do not live with you. Specify: 19. 20a. Mortgages on other property 20a. Mortgages on other property 20a. Mortgages on other property. 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20c. Meintenance, repair, and upkeep expenses 20c. \$ 0.00 20c. Meintenance, repair, and upkeep expenses 20c. \$ 0.00 20c. Meintenance, repair, and upkeep expenses			12.	\$	0.00
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Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. S 0.00 16. 17a. S 0.00 17b. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. S 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I; Your Income (Official Form 6I). 18. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. S 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	14.	Charitable contributions and religious donations	14.	\$	0.00
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15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. S 0.000		15b. Health insurance	15b.	\$	0.00
15d. Other insurance. Specify:		15c. Vehicle insurance		\$	
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17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 17d. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 6il). 18. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses	16.		16.	\$	0.00
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17b. Car payments for Vehicle 2 17c. Other. Specify:		17a. Car payments for Vehicle 1	17a.	\$	0.00
17c. Other. Specify:		17b. Car payments for Vehicle 2		\$	0.00
17d. Other. Specify:		17c. Other, Specify:		\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify:				\$	00000000000000000000000000000000000000
Specify:	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		\$	0.00
Specify:	19.	Other payments you make to support others who do not live with you.			0.00
20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condensitive dues	an ex vo		19.	Φ	0.00
20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incomp	ne.		
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condensition dues		20a. Mortgages on other property	20 a.	\$	0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. S 0.00		20b. Real estate taxes	20b.	\$	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20e. Homeowner's association or condominium dues 20e. \$		20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
		20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Other. Specify: <u>See Schedule Attached</u>	21. +\$ 390.34
2. Your monthly expenses. Add lines 4 through 21.	
The result is your monthly expenses.	\$1,087.36
3. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>1,237.36</u>
23b. Copy your monthly expenses from line 22 above.	^{23b.} -\$1,087.36
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$150.00
4. Do you expect an increase or decrease in your expenses within the year after you file For example, do you expect to finish paying for your car loan within the year or do you experior mortgage payment to increase or decrease because of a modification to the terms of your not only on the your not only on	ect your
☐ Yes. None	

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IN RE CORIANO ALVELO, NEREIDA

Case No. 3:13-bk-8480

Debtor(s)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Continuation Sheet - Page 1 of 1

Other Expenses	
Gasoline	
Hygiene Product	180.00
	30.00
Lunch At Work	90.00
Back To School	
Glass Expenses \$220./12	25.00
Car Registration Annual Fees	18.34
	17.00
Toll	30.00

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B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE CORIANO ALVELO, NEREIDA

Debtor(s)

Case No. 3:13-bk-8480

(If known)

AM	IENDED DECLARATION CONCERNING DEBT	FOR'S SCHEDULES		
DI	ECLARATION UNDER PENALTY OF PERJURY BY IN	IDIVIDUAL DEBTOR 1 1 1 1 T		
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR "I" & "J" declare under penalty of perjury that I have read the foregoing summary and schedules consisting of 7 sheets and that they are				
i deciate under penalty of pe	erjury that I have read the foregoing summary and schedule of my knowledge, information, and belief.	s, consisting of sheets, and that they are		
Date: March 17, 2014	Signature: /s/ NEREIDA CORIANO ALVELO)		
	NEREIDA CORIANO ALVELO	Debtor		
Date:	Signature:	(Joint Debtor, if any)		
		[If joint case, both spouses must sign.]		
DECLARATION A	ND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PET	TITION PREPARER (See 11 U.S.C. § 110)		
compensation and have provide and 342 (b); and, (3) if rules of	rjury that: (1) I am a bankruptcy petition preparer as defined in ed the debtor with a copy of this document and the notices and infor guidelines have been promulgated pursuant to 11 U.S.C. § 110 I have given the debtor notice of the maximum amount before prepuired by that section.	formation required under 11 U.S.C. §§ 110(b), 110(h), 0(h) setting a maximum fee for services chargeable by		
Printed or Typed Name and Title, i	if any, of Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110.)		
If the bankruptcy petition prepresponsible person, or partner	parer is not an individual, state the name, title (if any), address, who signs the document.	, and social security number of the officer, principal,		
Address				
Address				
		8		
Signature of Bankruptcy Petition Pr	reparer	Date		
Names and Social Security num is not an individual:	nbers of all other individuals who prepared or assisted in preparing	this document, unless the bankruptcy petition preparer		
If more than one person prepar	red this document, attach additional signed sheets conforming to	the appropriate Official Form for each person.		
A bankruptcy petition preparer imprisonment or both. 11 U.S.	r's failure to comply with the provision of title 11 and the Federal .C. § 110; 18 U.S.C. § 156.	l Rules of Bankruptcy Procedure may result in fines or		
DECLARATION	N UNDER PENALTY OF PERJURY ON BEHALF OF C	ORPORATION OR PARTNERSHIP		
I, the	(the president or other office	cer or an authorized agent of the corporation or a		
(corporation or partnership)	gent of the partnership) of the	rjury that I have read the foregoing summary and		
Date:	Signature:			
	**************************************	(Print or type name of individual signing on behalf of debtor)		

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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